



DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name **Tom Agapiades**
Address **744 Bridge Street**
City **Yuba City** State **CA** ZIP **95991**
Country **U.S.A.** Telephone **1-530-218-4020** Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Thomas** Family Name or Surname **Agapiades**
Inventor's Signature Date
Residence: City **Yuba City** State **CA** Country **U.S.A.** Citizenship **Greece**
Mailing Address **744 Bridge Street**
City **Yuba City** State **CA** ZIP **95991** Country **U.S.A.**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **FOTIS** Family Name or Surname **Agapiades**
Inventor's Signature Date
Residence: City **ATHENS** State Country **GREECE** Citizenship **GREECE**
Mailing Address **744 BRIDGE ST**
City **YUBA CITY** State **CA** ZIP **95991** Country **USA**

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.